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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

| PLACE OF BIRTH  |  | ARIZONA STATE BOARD OF HEALTH   |  |
|---|--|---|--|
| 1. County of <u>Bila</u>  | BUREAU OF VITAL STATISTICS                           | State Index No. <u>103</u>  |  |
| District of _____   | ORIGINAL CERTIFICATE OF BIRTH                        | Co. Registrar No. <u>417</u>  |  |
| Town of <u>Millem</u>   |  | Local Registrar No. _____   |  |
| or _____  |  |   |  |
| City of <u>Miami</u>  | No. <u>1022-B-Prospect Ave</u> St. _____ Ward) _____ |   |  |
| (If birth occurred in a hospital or institution, give its NAME instead of street and number)  |  |   |  |
| 2. Full name of child <u>Maria Lirisa Cruz</u>  |  | If child is not yet named, make supplemental report, as directed                                      |  |
| 3. Sex of child <u>+</u>  | To be answered ONLY in event of plural births.       | 4. Twin, triplet or other _____   | 5. No., in order of birth _____            |
| 6. Legitimate? <u>yes</u>   |  | 7. Date of birth <u>Sept. 4, 1922</u>   | (Month, day, year)                         |
| 8. FATHER<br>Full name <u>Noverto Cruz</u>  |  | 14. MOTHER<br>Full maiden name <u>Amelia Vozza</u>  |  |
| 9. Residence <u>Miami, Ariz.</u><br>(Usual place of abode)<br>If nonresident, give place and State  |  | 15. Residence <u>Miami, Arizona</u><br>(Usual place of abode)<br>If nonresident, give place and State |  |
| 10. Color or race <u>White</u>  | 11. Age at last birthday <u>24</u> (Years)           | 16. Color or race <u>White</u>  | 17. Age at last birthday <u>20</u> (Years) |
| 12. Birthplace (city or place) <u>Spain</u><br>(State or country)   |  | 18. Birthplace (city or place) <u>Miami, Arizona</u><br>(State or country)                            |  |
| 13. Occupation <u>Timberman (Copper mining)</u><br>Nature of Industry   |  | 19. Occupation <u>Housewife</u><br>Nature of Industry   |  |
| 20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)  |  | (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>    |  |
| <p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b></p> <p>I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 P.</u> m. on the date above stated.<br/>(Born alive or stillborn)</p> <p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.</p> <p>Signature _____ (Physician or midwife)<br/>Address _____<br/>Given name added from a supplemental report _____ (Month, day, year)<br/><u>439-904-151</u> Registrar.</p> <p>Filed <u>9/26</u>, 19<u>22</u> <u>B. N. Hardy</u> Local Registrar.<br/>Filed <u>Oct 6</u>, 19<u>22</u> <u>B. E. S. 107</u> County Registrar.</p> |  |   |  |